## Application Data Sheet

## **Application Information**

| Application | number:: |
|-------------|----------|
|             |          |

Filing Date:: 12/30/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: Viral Inhibitors

Attorney Docket Number:: 50304/054001

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

**Total Drawing Sheets:** 

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers:: Secrecy Order in Parent Appl.?:: No **Applicant Information** Applicant Authority Type:: Inventor Primary Citizenship Country:: Belgium Status:: Full Capacity Given Name:: Johan Middle Name:: Family Name:: Neyts Name Suffix:: City of Residence:: Kessel-Lo State or Province of Residence:: Country of Residence:: Belgium Street of mailing address:: Heidebergstraat 278 Kessel-Lo City of mailing address:: State or Province of mailing address:: Country of mailing address:: Belgium Postal or Zip Code of mailing address:: B-3010 Applicant Authority Type:: Inventor Primary Citizenship Country:: Austria **Full Capacity** Status:: Given Name:: Gerhard

Middle Name::

Family Name:: Pürstinger Name Suffix:: City of Residence:: Innsbruck State or Province of Residence:: Country of Residence:: Austria Street of mailing address:: Roseggerstrasse 12 Innsbruck City of mailing address:: State or Province of mailing address:: Country of mailing address:: Austria Postal or Zip Code of mailing address:: A-6020 Inventor Applicant Authority Type:: Primary Citizenship Country:: Belgium Status:: **Full Capacity** Given Name:: Erik Middle Name:: Family Name:: De Clercq Name Suffix:: City of Residence:: Lovenjoel State or Province of Residence:: Country of Residence:: Belgium Street of mailing address:: Parklaan 9 City of mailing address:: Lovenjoel State or Province of mailing address:: Country of mailing address:: Belgium

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Postal or Zip Code of mailing address:: B-3010

**Correspondence Information** 

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application National stage of PCT/BE2003/000117 07/03/03

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority Claimed::

GB 0313251.1 06/10/03 Yes GB 0215293.2 07/03/02 Yes

**Assignee Information** 

Assignee name::

Street of mailing address::

City of mailing address::

State of Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::